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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004876 (7)

1. Corporation Name
ITALIAN-AMERICANS OF ST. LUCIE BUILDING FOUNDATION, INC.

Principal Place of Business 765 DALTON CIRCLE PT ST LUCIE FL 34953	Mailing Address 765 DALTON CIRCLE PT ST LUCIE FL 34953
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/13/1995
4. FEI Number 65-0620596
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BERARDINELLI, AUGIE
842 SE CAVERN AVE
PT ST LUCIE FL 34983**

10. Name and Address of New Registered Agent

81 Name **Consiglio, Henry**
82 Street Address (P.O. Box Number is Not Acceptable) **765 DALTON Circle**
83
84 City **Port St. Lucie** FL 85 Zip Code **34953**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Henry Consiglio* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	DUCI, FRANK
STREET ADDRESS	765 DALTON CIRCLE
CITY-ST-ZIP	PT ST LUCIE FL
TITLE	NAME
VD	CONSIGLIO, HENRY
STREET ADDRESS	765 DALTON CIRCLE
CITY-ST-ZIP	PT ST LUCIE FL 34953
TITLE	NAME
STD	BRANN, JOE
STREET ADDRESS	1725 SE ELKART TERR
CITY-ST-ZIP	PT ST LUCIE FL
TITLE	NAME
D	TALIANO, MIKE F
STREET ADDRESS	629 SE DOME DR
CITY-ST-ZIP	PT ST LUCIE FL
TITLE	NAME
D	RUSO, HENRY
STREET ADDRESS	482 SW LOG DR
CITY-ST-ZIP	PT ST LUCIE FL
TITLE	NAME
D	SCALA, BILL
STREET ADDRESS	765 DALTON CIRCLE
CITY-ST-ZIP	PT ST LUCIE FL 34953

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
PD	CONSIGLIO HENRY
1.3 STREET ADDRESS	765 DALTON CIRCLE
1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34953
2.1 TITLE	2.2 NAME
VD	SCALA BILL
2.3 STREET ADDRESS	765 DALTON CIRCLE
2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34953
3.1 TITLE	3.2 NAME
STD	ANN PARADYSE
3.3 STREET ADDRESS	3032 PYRAMID RD
3.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34953
4.1 TITLE	4.2 NAME
TREASURER	DAN DI MAURO
4.3 STREET ADDRESS	1502 HERANE ST.
4.4 CITY-ST-ZIP	PORT ST LUCIE FL 34953
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry Consiglio* 2-11-98 511 231 1124

CR2E037 (10/97)